

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalakaua Gardens	CHAPTER 90
Address: 1723 Kalakaua Avenue, Honolulu, Hawaii 96826	Inspection Date: June 3, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u> Employees #1,2,3 – Annual TB clearances unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-6(b) Page 2</p> <p>Employee #1 Annual Health & TB Clearance Form was completed on 6/14/21</p> <p>Employee #2 Copy of DOH TB Clearance on 6/9/21</p> <p>Employee #3 Annual Health & TB Clearance Form was completed on 1/31/21</p> <p>Copies are attached.</p>	

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u> Employees #1,2,3 – Annual TB clearances unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-6 (b) Page 3</p> <ol style="list-style-type: none"> 1. The Human Resource Manager and/or designee will audit all employee records for annual TB clearance compliance. 2. HR will use the date of TB Screening rather than the date of the report as being in compliance. 3. Upon receiving a positive TB test, employee will furnish a copy of their initial chest xray and annual TB questionnaire thereafter. 	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Employee #1 – First aid/CPR certification unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-6© Page 4</p> <p>Employee #1 took their CPR/FA 6/14/21. A copy is attached.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Employee #1 – First aid/CPR certification unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-6 © Page 5</p> <p>The Human Resource Manager and/or designee will not proceed with New Employee Orientation without a First Aid/CPR Certification.</p> <p>In addition, the Human Resource Manager and/or designee will audit employee records monthly to First Aid/CPR Certification compliance.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #1 – Service plan was not updated to reflect Glucerna supplementation ordered by physician on 4/16/21 and 5/4/21. Physician's order on 4/16/21 states, "two bottles Glucerna by mouth daily". On 5/4/21, physician's order states, "take 5 bottles throughout the day, daily".</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-8 (a)(2) Page 6</p> <p>Resident #1's Service Plan was updated on 6/7/21. A copy is attached.</p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #1 – Service plan was not updated to reflect Glucerna supplementation ordered by physician on 4/16/21 and 5/4/21. Physician's order on 4/16/21 states, "two bottles Glucerna by mouth daily". On 5/4/21, physician's order states, "take 5 bottles throughout the day, daily".</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-8 (a)(2) Page 7</p> <ol style="list-style-type: none"> 1. The Order Label placed on the back of Orders, will include the Service Plan will be reviewed by a nurse. [A copy attached] 2. The Director of Assisted Living/Memory Care Unit and/or designee will monitor completion of Service Plans weekly. 3. The Director of Assisted Living/Memory Care Unit and/or designee will also review the PCC [Point Click Care] Dashboard for any deficiencies noted as incomplete orders/tasks. 	<p>RECEIVED JUN 21 2021</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p>FINDINGS Resident #1 – Physician's order on 11/23/20 states, "Dulcolax Suppository 10MG. Insert 1 suppository rectally every 48 hours as needed for constipation if no BM in two days". However, medication was not available in medication inventory.</p> <p>Resident #2 – Physician's order on 8/25/20 states, "Clotrimazole Cream 1% Apply to groin topically every 12 hours as needed for erythema". However, medication was unavailable in medication inventory.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-8 (a)(2) Page 8</p> <ol style="list-style-type: none"> 1. The Director of Assisted Living checked and Resident #1's Dulcolax is in stock. 2. A request was faxed to Resident #2's physician on 6/15/21, requesting either the medication order be discontinued because resident's skin treatment had been updated by the wound care clinic or to refill the order. 	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order on 11/23/20 states, "Dulcolax Suppository 10MG. Insert 1 suppository rectally every 48 hours as needed for constipation if no BM in two days". However, medication was not available in medication inventory.</p> <p>Resident #2 – Physician's order on 8/25/20 states, "Clotrimazole Cream 1% Apply to groin topically every 12 hours as needed for erythema". However, medication was unavailable in medication inventory.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-8 (a)(2) Page 9</p> <ol style="list-style-type: none"> 1. The Service Plan will include: "Medication will be provided as prescribed". 2. Staff are inserviced on hire that all medications are located in the medication cart. Medications for Resident #1 & #2 were not found because there were none in stock. 3. The AL/MC nurse and/or designee will review all new orders to ensure that medication orders are completed and if not available, that the medication has been ordered. Follow-up will be conducted daily by the AL/MC Nurse and/or designee until medication is obtained and order completed. 4. The night shift Medication Technician will check the med cart daily to ensure the medication is available and report any out-of-stock. 5. The Director of Assisted Living/Memory Care and/or designee will review the PCC for any deficiencies noted as incomplete orders/tasks and for any other deficiencies noted as incomplete orders/tasks. 	<p align="right">21 JUL -6 P3:10</p> <p align="right">STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #2 – Updated service plan unavailable for review. Last service plan dated 2/12/20. Submit an updated copy with plan of correction.</p> <p>Resident #7 – Updated service plan unavailable for review. Last service plan dated 2/4/20. Submit an updated copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-8 (a)(3) Page 10</p> <ol style="list-style-type: none"> 1. Resident #2's Service Plan was updated on 6/15/21. A copy is attached. 2. Resident #7's Service Plan was updated on 6/15/21. A copy is attached. 	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services</u>. (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #2 – Updated service plan unavailable for review. Last service plan dated 2/12/20. Submit an updated copy with plan of correction.</p> <p>Resident #7 – Updated service plan unavailable for review. Last service plan dated 2/4/20. Submit an updated copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-8 (a)(3) Page 11</p> <p>The Director of Assisted Living/Memory Care and/or designee will review the PCC Dashboard weekly to ensure all Service Plans that are due and/or overdue are completed.</p>	<p>RECEIVED JUN 21 2021</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1,2 – No documented evidence that the facility provided health monitoring by Registered Dietitian for ongoing weight loss.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-8 (b)(1)(F) Page 12</p> <p>Resident #1 and Resident #2 were referred to the Dietitian to review for ongoing weight loss on 6/14/21. Recommendations were reviewed with the residents' physicians on 6/18/21. A copy of the assessment is attached.</p>	<p align="right">JUN 21 2021</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1,2 – No documented evidence that the facility provided health monitoring by Registered Dietitian for ongoing weight loss.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-8 (b)(a)(F) Page 13</p> <ol style="list-style-type: none"> 1. All other AL/MC residents were reviewed based on the Registered Dietitian's weight loss criteria: 3% in 1 week; 5% in one month; 7.5% in 3 months and 10% in 6 months. 2. There were 3 additional residents identified and were referred to the Dietitian for review and recommendations on 6/15/21. 3. The Director of Assisted Living/Memory Care and/or designee will review residents during the weekly stand-up meetings and forwarded to the Dietitian any resident identified as meeting the above criteria, for further evaluation and recommendations. 4. Recommendations will then be forwarded to the resident's physician for any further orders and/or actions. 	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – On 4/27/21, physician ordered to have weekly body weight measurements taken. First weekly weight taken on 5/6/21, nine days later.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – On 4/27/21, physician ordered to have weekly body weight measurements taken. First weekly weight taken on 5/6/21, nine days later.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-8 (a)(1)(F) Page 15</p> <ol style="list-style-type: none"> 1. The Director of Assisted Living/Memory Care Manager and/or designee will audit resident's weights weekly to ensure weights are being performed as ordered. 2. The AL/MC nurse and/or designee will enter orders for weekly weights in the MAR in PCC. The MAR will trigger if weights are not being performed. 3. The Director of Assisted Living/Memory Care Manager and/or designee will review PCC Dashboard daily for any incomplete orders/tasks. 	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #2 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-9 (a)(1) Page 16</p> <p>A chest Xray to rule out active TB based upon a positive TB skin test was performed on 3/30/17. Another Xray request was sent on 6/15/21 as a follow-up. A copy is attached.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #2 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-9 (a)(1) Page 17</p> <ol style="list-style-type: none"> 1. Prior to admission, residents will need to show proof of 2-step TB or a chest Xray after receiving confirmation of a positive TB skin test. 2. The Director of Assisted Living/Memory Care and/or designee will review all residents for compliance upon admission. 	

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p>FINDINGS Residents #1,3,4,5,6 – Current physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-9 (a)(1) Page 18</p> <p>Residents #1,3,4,5,6 revised History & Physical Addendum was sent to their physicians for review and completion on 6/15/21. They will be included in the chart upon completion. See revised document attached.</p>	

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Residents #1,3,4,5,6 – Current physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-9 (a)(1) Page 19</p> <p>The Director of Assisted Living/Memory Care and/or designee will audit resident records monthly to ensure their annual History and Physical is completed by their anniversary move-in date.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p>FINDINGS Resident #2 – Incident report for unwitnessed fall on 12/27/21, unavailable for review</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>11-90-9 (a)(4) page 20</p> <ol style="list-style-type: none"> 1. The resident's fall occurred on 12/26/20. Records were available and noted on the resident's record. 2. 12/27/20 was noted as an: S/P [status post fall] note in the chart. A copy is attached. 	

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #2 – Incident report for unwitnessed fall on 12/27/21, unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-9 (a)(4) Page 21</p> <p>As of May 1, 2021, all Incident Reports are being reported in PCC. There are no more paper copies.</p>	

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Licensee's/Administrator's Signature: _____




Print Name: _____

Colleen Kojima

Date: _____

6/18/21

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Licensee's/Administrator's Signature: 
Print Name: Colleen Kojima
Date: 7/6/21

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